

10-Month Employees Health Benefit Plan Premium Rates

DC Employees Health Benefits (Employees hired on or after 10/01/1987)

The premium rates listed below are for 10 month AFSCME employees (ie. Educational Aides).

AETNA HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	HM1	\$54.57	\$130.96
Family	HM2	\$141.86	\$340.46
Domestic Partner Self	HM3	\$54.57	\$130.96
Domestic Partner Family	HM4	\$141.86	\$340.46

AETNA QUALITY OPEN ACCESS PLAN

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	AP1	\$74.75	\$179.40
Family	AP2	\$195.10	\$468.24
Domestic Partner Self	AP3	\$74.75	\$179.40
Domestic Partner Family	AP4	\$195.10	\$468.24

KAISER PERMANENTE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	KP1	\$48.86	\$117.26
Family	KP2	\$127.03	\$304.87
Domestic Partner Self	KP3	\$48.86	\$117.26
Domestic Partner Family	KP4	\$127.03	\$304.87

UNITED HEALTHCARE HMO

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	MD1	\$45.08	\$108.17
Family	MD2	\$116.92	\$280.63
Domestic Partner Self	MD3	\$45.08	\$108.17
Domestic Partner Family	MD4	\$116.92	\$280.63

UNITED HEALTHCARE POINT OF SERVICE

TYPE	ENROLLMENT CODE	2009 PREMIUM BI-WEEKLY	2009 PREMIUM MONTHLY
Self-Only	UP1	\$46.51	\$111.62
Family	UP2	\$120.65	\$289.56
Domestic Partner Self	UP3	\$46.51	\$111.62
Domestic Partner Family	UP4	\$120.65	\$289.56